

**Issue Classification**

XXXXXXXXXXXX  
 / (Assistant Examiner) (Date)  
 [Signature] 1/07  
 (Legal Instruments Examiner) (Date)

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47			
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24	24			54			84			144			204
25	25			55			85			145			205
26	26			56			86			146			206
27	27			57			87			147			207
28	28			58			88			148			208
	29			59			89			149			209
	30			60			90			150			210